Name:_____ **Date of Birth:**_____

Diagnosis:_____

Allergies:_____

Medications:_____

Today's Date:_____ **Form Completed By:**_____

Please answer the following questions about your health and development so we can help with your needs.
(YOU always refers to the YOUNG PERSON)

Staff Only *F/U*	**Staying Healthy** **Medical Home:**_____	**YES**	**SOME-TIMES**	**NO**
	1. Do you have a medical home (family doctor or clinic) that you go to when your are sick or need a check-up?			
	2. Do you have regular check-ups with your medical home provider?			
	3. Are you happy with your weight?			
	4. Do you exercise three times a week or more?			
	5. Do you brush your teeth at least daily?			
	6. Do you have a check-up with a dentist every year?			
	7. Do you have a soft formed bowel movement on a regular basis? (usually every other day)			
	8. Do you regularly use a seat belt?			
	9. Do you know how your health condition is going to affect your sexual development and having children?			
	10. Do you perform monthly self-exams? (testicular or breast)			
	11. Do you understand how to prevent pregnancy & contracting HIV/AIDS and sexually transmitted diseases?			
	12. Do you understand the dangers of smoking, drinking, and using drugs?			

Name:_____ ID #: _____

Staff Only *F/U*	**Managing Your Own Healthcare** **Drugstore:**_____ _____	**YES**	**SOME-TIMES**	**NO**
	13. Can you describe your health problem?			
	14. Can you explain how your health problem affects your daily life?			
	15. Do you feel that your identified needs are being met?			
	16. Do you know when, how much, and why you take medications? (prescription and over-the-counter, like Tylenol)			
	17. Are you responsible for taking your own medications?			
	18. Do you know the side effects of your medications?			
	19. Are you able to get the medications, supplies, and/or equipment you need?			
	20. Is your family able to pay for your dental needs?			
	21. Do you know when you will be too old to keep seeing your current healthcare providers?			
Staff Only *F/U*	**Being Independent**	**YES**	**SOME-TIMES**	**NO**
	22. Are you independent in your personal care?			
	23. Are you learning to do things around the house? (laundry, meal preparation)			
	24. Do you help around the house? (chores, babysitting)			
	25. Are you satisfied with how you are able to get around?			
	26. Have you begun to make plans for getting your driver's license and/or using public transportation?			

Name:_____ ID #: _____

Staff Only ***F/U***	**Emotional Health**	**YES**	**SOME-TIMES**	**NO**
	27. Can you describe things that you are good at?			
	28. Do you know someone that you can talk with when you feel sad, nervous, or things aren't going well?			
	29. Do you have friends that you spend time with at least once a week?			
	30. Do you spend time doing things with your family at least once a week?			
Staff Only ***F/U***	**School & Work** **School:**_____ **Grade:**_____	**YES**	**SOME-TIMES**	**NO**
	31. Do you go to school regularly?			
	32. Do you think that your schoolwork is at the right level for you?			
	33. Are you doing well in school?			
	34. Does your school give you the necessary time and space to take care of your health needs? (like taking medications or having extra room for equipment)			
	35. Do you take part in planning your education? (like picking your classes)			
	36. Does someone at your school talk with you about your plans for the future?			
	37. Do you know what you are going to do after you complete high school?			

Name:_____ ID #: _____

Staff Only ***F/U***	**School & Work** Employer:_____	**YES**	**SOME-TIMES**	**NO**
	38. Are you taking the appropriate courses for your chosen career?			
	39. Have you talked with someone about Vocational Rehabilitation and/or School-to-Work?			
	40. Do you have a volunteer or paying job?			
Staff Only ***F/U***	**Commission Satisfaction**	**YES**	**SOME-TIMES**	**NO**
	41. Are you pleased with the care you receive at the Commission?			

What would you like to see done differently:

Information You Would Like to Have:

- ❍ Assistance Programs
- ❍ Medicaid
- ❍ Social Security
- ❍ Sexual Development
- ❍ Independent Living
- ❍ Transportation
- ❍ School
- ❍ Careers
- ❍ Counseling
- ❍ Scholarships
- ❍ Colleges
- ❍ Vocational Rehabilitation

STAFF USE ONLY: _____

Reviewed By:

Initials	Signature	Date